

# American Indian Project

## Mental Health Division Mini-Grant Application

### Tribe or Recognized American Indian Organization (RAIO):

<b>Tribe or RAIO Contact Information</b>	
Contact Person's Name	
Contact Person's Title	
Email	
Phone	
Fax	
Business address	
<b>Grant Proposal Information</b>	
Description of Activities/Services/Projects (Please number each separate activity)	
Targeted Goals	
Proposed Budget	
Proposed numbers of participants	
<b>Application Submission</b>	
Date Submitted	
Sent by	<input type="checkbox"/> Email <input type="checkbox"/> U. S. Mail <input type="checkbox"/> CD-ROM
Contact Information	
Completed Contractor Intake Update Form Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DSHS Consolidated Contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No